STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)Th	omas Colantuono		
II. Name of lobbyist's partners	ship, firm or corporation, if a	nny:	
Bianco Professional	Association		
(Name of partne	ership, lirm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 <u>225-7170</u> (Telephone)	(603) <u>226-0165</u> (Fax		antuono@biancopa.com
III. This statement covers: (Chreportable expense transaction			ı may file a separate report for
(All reportable transactions o	ccurring in the months prior to	the reporting date relative t	o the following client:
(Full Nar	ne of Client as it appears on the Lo	obbyist Registration Form)	
		obyist's family), or the lobb	ying lirm listed below which are
	6, 2017 (1) te of registration to 3/31/17	July 26, 2017 [1] activity from 4/1/17 to 6/36	9/1 7
	r 25, 2017 X m 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12	
V. There have been no fees If this box is checked, complete y Concord, NH 03301.			
VI. Check if additional reports	s are attached:		
-	made expenditures, you must	file Addendum A– Fees an	d Expenses
Expense Reimbursement	ium or reimbursed expenses, yo		
★ If you, your firm, or your fa	mily has made political contrib	outions, you must file Adde	ndum C– Political Contributions
and complete, to the best of my	RSA 14-C and RSA 664 and I mowledge and belief.	,	the foregoing information is true
_) himas Cila	Muno	10/19/1	7
(Signature of lobbyist)		((Date)
Thomas Colantuono			
(Print Name of lobbyist)	• •		



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	essional Association rtnership, firm or corporation)		
III. Name of Client		Date 10/19/2017	
Political Contributions For each political contrib client/lobbyist and lobbyi			oter 664 paid on behalf of the
Full name of candidate:	Boutin	David	
-	(Last Name)	(First Name)	(Middle Name/Initial)
	100.00	Office Candidate i	is Seeking Senate
If the contribution is an in-k actual cost of the in-kind co	ntribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ntribution on the line abo I the word "estimate."	ove for amount of contrib	ution. If the actual cost is not known
actual cost of the in-kind co enter an estimated value and Full name of candidate:	ntribution on the line about the word "estimate." (Last Name)	ove for amount of contrib (First Name)	
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and Full name of candidate: Amount of contribution \$	(Last Name) ind contribution, providentribution on the line about	(First Name)	ution. If the actual cost is not know

If the contribution is an in-kind contribution, provide a descrip actual cost of the in-kind contribution on the line above for am	
enter an estimated value and the word "estimate."	ount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contrib	outions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and be	
Thomas P. Colartum	10/19/2017
(Signature of lobbyist)	(Date)
Thomas P. Colantuono	
(Print Name of lobbyist)	